

**SAN BERNARDINO COUNTY
SUPERIOR COURT**

VENDOR CODE 	COMMENTS (96) <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>
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LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		

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DOCUMENT ID:		
PV	TRANS	DEPT.
		PV NUMBER
DOCUMENT TOTAL		
\$		

PC 1026, EC 1017

Page ____ of ____

**EVALUATION
SERVICES CLAIM**

Use Court Form No. 12-21283-356 for:
PC1368 Competency, PC288 Sex Offender and W&I 3051 Narcotic Evaluation Services

(PLEASE TYPE OR PRINT LEGIBLY)

☐ CHECK HERE IF NEW ADDRESS

CLAIM OF _____

ADDRESS _____

CITY, STATE _____ ZIP _____

E-MAIL _____ PHONE _____

**COPY OF LETTER OF
PSYCHIATRIC
APPOINTMENT OR
COURT ORDER IN
SUPPORT OF
SERVICES BILLED
MUST BE ATTACHED.**

TYPE OF EXAM

PC 1026 Not Guilty by Reason of Insanity evaluation and report \$300.00
 EC 1017 Defense-requested confidential evaluation and report \$350.00
 Court appearance/testimony — half day \$350.00
 Court appearance/testimony — full day \$600.00

NOTE: For court appearance / testimony, copy of subpoena or court order must be attached.
 Payment is the responsibility of subpoenaing party (LRC 1460.9).

Mileage Current Court-Approved Rate

CASE NUMBER	TYPE OF EXAM (see above)	DATE OF EXAM OR REPORT	DEFENDANT (and location)	COURT APPEARANCE/TESTIMONY ONLY				EXAM FEE	MILEAGE	TOTAL FEE
				JUDGE/ DEPARTMENT	DATE OF APPEARANCE	TIME				
USE THIS CLAIM FORM FOR PC 1026 AND EC 1017 SERVICES ONLY										

Indicate where evaluation occurred adjacent to defendant name: West Valley DC; Central DC; Adelanto DC; Patton SH; or other (specify)

Expert's Physical Address (if mileage claimed):	Additional claim forms and the Court's Local Rules and Appointed Services Fee Schedule are available on the Court's website: www.sbcounty.gov/courts/	CLAIM TOTAL \$
EC 1017 EXAM ONLY I hereby certify that I have reviewed this billing and that these services were performed at my request. The charges shown are recommended for payment as reasonable and appropriate. <div style="border-top: 1px solid black; margin-top: 10px;">Signature of Attorney</div> <div style="border-top: 1px solid black; margin-top: 10px;">Date</div>	I hereby certify under penalty of perjury that the foregoing claim for service is true and correct (CCP 2015.5), that I have been continually licensed in the State of California as a psychologist/ psychiatrist for the time period during which the services claimed above were rendered, and that no part of this claim has previously been presented or paid. <div style="border-top: 1px solid black; margin-top: 10px;">Signature of Claimant</div> <div style="border-top: 1px solid black; margin-top: 10px;">Date and Place</div>	I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures. <div style="border-top: 1px solid black; margin-top: 10px;">Approving Authority</div> <div style="border-top: 1px solid black; margin-top: 10px;">Date</div>

AUDITOR/CONTROLLER'S APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR/CONTROLLER BY _____

DATE _____